

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/03/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255114	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/11/2021
NAME OF PROVIDER OR SUPPLIER CLEVELAND NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4036 HIGHWAY 8 EAST CLEVELAND, MS 38732		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS CI MS #16764, CI MS #17067, CI MS #17103, CI MS #17462 & CI MS #17758 A COVID-19 Focused Infection Control survey and complaint investigations (CI) CI MS #16764, CI MS #17067, CI MS #17103, CI MS #17462, and CI MS #17758 was conducted by the State Agency (SA) from 5/5/21 through 5/11/21. The facility was found to be in compliance with 42 CFR 483.30 infection control regulations and has implemented the Centers for Medicare and Medicaid (CMS) and the Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. CI MS #16764 was not substantiated for resident neglect and quality of care/treatment. CI MS #17967 was not substantiated for injury of unknown origin, resident neglect, or quality of care/treatment. CI MS #17103 was not substantiated for dietary services, quality of care/treatment or neglect. CI MS #17462 was not substantiated for quality of care/treatment. CI MS #17758 was not substantiated for quality of care. No deficiencies were cited for the complaint investigations. At the time of the survey, the census at the time of the survey was 104, and the facility has a license for 120 beds.	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.